

FOOD ESTABLISHMENT PERMIT APPLICATION

1) Establishment Name: _____.

2) Establishment Address: _____.

3) Establishment Mailing Address (if different): _____.

4) Establishment Telephone No: _____.

5) Applicant Name & Title: _____.

6) Applicant Address: _____.

7) Applicant Telephone No: _____.

8) Applicant Email Address: _____.

9) Owner Name & Title (if different from applicant) _____.

10) Owner Address (if different from applicant) _____.

11) Establishment Owned By: _____

12) If a corporation or partnership, give name, title, and home address of officers or partner.

☐ An association

☐ A corporation

☐ An individual

☐ A partnership

☐ Other legal entity _____

Name _____

Title _____

Home Address _____

13) Person Directly Responsible for Daily Operations (Owner, Person in Charge, Supervisor, Manager etc.).

Name – Title & Certification No.: _____

Address: _____

Email Address _____

Telephone No: _____

Emergency Telephone No: _____

14) District or Regional Supervisor (if applicable) _____

Name & Title: _____

Address: _____

Telephone No: _____

RETURN ORIGINAL DOUBLE SIDED APPLICATION

Attach Serve Safe Certification, Allergen Awareness Certification & Workers Comp. Insurance

Anti Choking Certificate (if more than 25 seats in establishment)

15) Water Source: _____ 16) Sewage disposal: _____

DEP Public Water Supply No: (if applicable) _____

17) Days & Hours of Operation: _____ 18) No. of Food Employees: _____

19) Name of Person in Charge Certified in Food Protection Management: _____

20) Person Trained in Anti-Choking Procedures (25 seats or more): Yes ___ No ___

21) Location: (check one) ___ Permanent Structure ___ Mobile

22) Length of Permit (check one) ___ Annual ___ Seasonal Dates: _____
___ Temporary/Dates/Time: _____

23) Establishment Type (check all that apply) ___ Retail (sq. ft.) ___ Caterer ___ Food Delivery
___ Food Service (Seats) ___ Food Service-Takeout ___ Residential Kitchen - Retail
___ Frozen Dessert Manufacturer ___ Bed & Breakfast ___ Institution (meals/day) ___ Other (describe)

24) Food Operations (check all that apply) Definitions: PHF-potentially hazardous food (time/temperature controls required). Non-PHF-non-potentially hazardous food (no time/temperature controls required). RTE-ready-to-eat foods (sandwiches, salads, muffins which need no further processing).

___ Sale of Commercially pre-packaged non-PHFs	___ PHF Cooked to Order
___ Hot PHF cooked & cooled or hot held for more than a single meal service.	___ Preparation of PHFs for hot & cold holding for single meal service
___ Sale of Commercially pre-packaged PHFs	___ PHF & RTE Foods prepared for highly susceptible population facility
___ Delivery of Packaged PHFs	___ Vacuum packaging/cook chill
___ Sale of raw animal foods intended to be prepared by consumer	___ Customer self-service
___ Reheating of commercially processed foods for service within 4 hours	___ Preparation of non-PHFs
___ Use of process requiring a variance an/or HACCP plan (including bare hand contact alternative, time as a public health control).	___ Ice manufactured & packaged for retail
___ Juice manufactured & packaged for retail sale	___ Customer self-service of non-PHFs & non-foods only.
___ Prepares food/single meals for catered events or institutional food service.	___ Offers raw or undercooked food of animal origin
___ Retail sale of salvage, out-of-date or reconditioned food.	___ Offers RTE PHF in bulk quantities

I the undersigned, attest to the accuracy of the information provided in this application and I affirm that the food establishment operation will comply with 105 CMR 590.000 and all other applicable law. I have been instructed by the Board of Health on how to obtain copies of 105 CMR 590.000 and the Federal Food Code.

25) Signature of Applicant _____
Pursuant to MGL ch. 62C, sec. 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all State tax returns and paid State taxes required under law.

26) Social Security Number or Federal ID: _____

27) Signature of Individual or Corporate Name: _____

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